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Summary

New kids on the block: Novel advanced therapies

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Mechanisms & Personalised Medicine | IBD

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The presentation reviewed emerging oral and biologic therapies for inflammatory bowel disease, highlighting new IL-23 oral agents, TL1A-targeting antibodies, and half-life extended biologics as approaches to address treatment resistance, fibrosis, and patient convenience.

KEY POINTS

- An oral IL-23 inhibitor was approved by EMA for psoriasis one month prior and is in phase 3 trials for UC and Crohn's disease; the speaker reported that phase 2 UC data published in the New England Journal of Medicine showed the primary endpoint of clinical response was met with safety comparable to IL-23 antibodies.
- Three TL1A-targeting antibodies are in phase 3 development; the speaker noted that TL1A can signal at mesenchymal cells to promote fibrosis in a partially inflammation-independent manner and that the class shows no safety signals compared to placebo.
- Phase 3 maintenance data for an oral mRNA splicing regulator in UC will be presented at this meeting; the speaker stated the phase 3 induction trial met its primary endpoint in a difficult-to-treat population.
- Oral drugs targeting the vedolizumab mechanism (alpha-4-beta-7) are in phase 2 development, and early-phase oral antibody approaches using trypsin-cleaved single-chain constructs are being explored.
- Half-life extended antibodies designed for dosing every 12 weeks or twice yearly are in development, with first induction efficacy data being presented at this meeting.
- Biomarker strategies testing for polymorphisms in the TL1A pathway to identify target populations showed mixed results with limited differences between biomarker-positive and total populations, according to the speaker.

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